MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10647

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County: Garrett

City or town: 5 mi Southwest of Bittinger
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Garrett

City or town: 5 mi S. W. Bittinger Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harry Thomas Bittinger

3. (b) Social Security Number: 206-01-4729

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 3 1905

8. AGE: Years: 35 Months: 4 Days: 26 If less than one day hrs. min.

9. Birthplace: Garrett Co Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Silas Franklin Bittinger
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Maude Miller
15. Birthplace: Md.

16. Informant: Lewis F. Bittinger
Address: Grantsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 10-31-1940 (month) (day) (year)

Cemetery or crematory: Saint Bethna

Location: Rural Near Grantsville

18. Funeral director: Wm Winterberg
Address

19. Oct 1.24 1940 (Date rec'd by registrar) J. B. Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29 1940, at 10:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1940, to Oct 29 1940, and that I last saw him alive on Oct 28 1940.

Immediate cause of death: Chronic interstitial nephritis — DURATION: 20 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: N. R. Davis M.D. M. D. or other
Address: Grantsville Md Date signed: Oct 29 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU OF N. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10648

106-a

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Oakland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland. Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Henry Frank Bobet

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	white	widowed

6.(b) Name of husband or wife Fredericka Stark
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February, 19, 1852

8. AGE: Years	Months	Days	If less than one day
88	8		..... hrs. ..... min.

9. Birthplace Cumberland. Md.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name unknown --- Bobet
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Marshall Bobet
Address Deer Park Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-21-1940 (month) (day) (year)
Cemetery or crematory Deer Park Md.
Location Deer Park Md.

18. Funeral director Emroy Bolden
Address Oakland. Md.

19. 10-20- 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October. 19, 1940, at 3-45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940, to Oct. 14, 1940 and that I last saw h... in alive on 11-3-1940

Immediate cause of death	DURATION
Acute Bronchitis	
old age	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edward E Sollars MD
M. D. or other
Address Deer Park Md. Date signed 10/20/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10649

Reg. Dist. No. 171

1. PLACE OF DEATH:
County: Garett
City or town: Bittinger
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Garett
City or town: Bittinger Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice.Louise.Buckel

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female ~~White~~	White	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 22 I9I6

8. AGE: Years	Months	Days	If less than one day
23.	II	I9	hrs. min.

9. Birthplace: Bittinger Md Co Garett (Town, county, and state)
10. Usual occupation: House Work
11. Industry or business

FATHER
12. Name: Oliver.C.Buckel
13. Birthplace: Bittinger Md

MOTHER
14. Maiden name: Ruth. M.Shoup
15. Birthplace: Accident Md

16. Informant: Oliver C Buckel
Address: Bittinger Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct I4 I940 (month) (day) (year)
Cemetery or crematory: Bittinger Cemetary
Location: Bittinger Md
18. Funeral director: Wm Winterburg
Address: Grantsville Md

19. Oct. 14 1940 (Date rec'd by registrar) J. B. Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October II 1940, at 8. P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 1940, to Oct. 11. 1940, and that I last saw her alive on Oct 11 1940.

Immediate cause of death	Mitral disease with hypertrophy and dilatation + with decompensation	DURATION
Due to	Rheumatic fever probable etiology	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. C. Glass M. D.
M. D. or other
Address: Meyersdale, Pa Date signed: Oct 14-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(9)

CERTIFICATE OF DEATH

10650

Reg. Dist. No. 8 187.

1. PLACE OF DEATH:

County Garrett

City or town Rural - Garman, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Mo. 11da.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural - Garman
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Mi West Garman
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Larry Gale Deem

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Child

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1940

8. AGE: Years — Months 1 Days 11 If less than one day ..... hrs. ..... min.

9. Birthplace Rural - Garman Garrett Co., Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Ralph H. Deem
13. Birthplace Garrett Co., Md.

MOTHER
14. Maiden name Madaline Biby
15. Birthplace Cleveland, Ohio

16. Informant Ralph H. Deem
Address R.D. Garmania, W.Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18, 1940 (month) (day) (year)

Cemetery or crematory Fairview

Location 3 Mi. West Garman

18. Funeral director Herbert C. Leighton
Address Oaklands, Md.

19. Oct 17, 1940 (Date rec'd by registrar) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1940 at 12:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h ..... alive on ..... 19.....

	DURATION
Immediate cause of death: Pertussis	3 days
Due to: Pneumonia	1 day
Due to:	
Other conditions: Bronchitis	1 week

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Edward E. Sollars [illegible] M. D. or other

Address Hampton W.Va. Date signed 10-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 16651

1. PLACE OF DEATH:
County Garrett Co.
City or town Oakland. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Darwin Buhl De Witt.

3. (b) Social Security Number 220-07-6847.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1919.

8. AGE: Years	Months	Days	If less than one day
20	11	7	hrs. min.

9. Birthplace Rowlesburg. W. Va.
(Town, county, and state)
10. Usual occupation Clerk.
11. Industry or business
FATHER 12. Name Micheal De Witt.
13. Birthplace Rowlesburg. W. Va.
MOTHER 14. Maiden name Opal Glover.
15. Birthplace Rowlesburg W. Va.
16. Informant Micheal De Witt.
Address Oakland. Md.
17. Burial Date thereof Oct. 4. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pine Grove. W. Va.
Location Near Rowlesburg. W. Va.
18. Funeral director Emroy D. Bolden.
Address Oakland. Md.
19. 10/3/ 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1 1940, to October 2 1940, and that I last saw him alive on 19

Immediate cause of death	DURATION
Gunshot wound in left temple, self inflicted	
Due to Revolver (.22)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or ~~homicide~~ Suicide Date of 10-2-40
Where did injury occur? Oakland (City or town) Garrett (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Injured at work?

23. SIGNATURE Robert L. Williams M.D.
M. D. or other
Address Oakland Md. Date signed 10-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

10654

Reg. Dist. No. 163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Bloomington - "Rural"

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 da

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Garrett

City or town: Bloomington - "Rural"

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2 Miles S. W. of Bloomington

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Earl Walter Ficker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife:

8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 13, 1940

8. AGE: Years | Months | Days: 23 | If less than one day: hrs. min.

9. Birthplace: "New" Bloomington - Garrett - Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Albert Ficker

13. Birthplace: Douglas, W. Va.

MOTHER — 14. Maiden name: Sulth M. Harvey.

15. Birthplace: Vindyt, Md.

16. Informant: Albert Ficker

Address: Bloomington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 8, 1940 (month) (day) (year)

Cemetery or crematory: Warnick cemetery

Location: 4 mi. W. of Bernd, W. Va.

18. Funeral director: Ellsworth S. Boal

Address: Westernport, Md.

19. Oct. 8-1940 (Date rec'd by registrar) Doris Patterson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 19 40, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 19 40, to Oct 6 19 40

and that I last saw h.im alive on October 6 19 40

Immediate cause of death	DURATION
Broncho-pneumonia	1 Day
Due to: Acute Rhinitis and	
Acute Bronchitis	6 Days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul R. Wilson M.D.

M. D. or other

Address: Piedmont, W. Va. Date signed: 10-7-40

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10657

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): All his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Garrett
City or town: Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Leslie E Friend

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ida B. Friend
6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Sept 25 - 1859

8. AGE: Years: 81 Months: 0 Days: 13 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Retired Banker and
11. Industry or business: Merchant.

FATHER
12. Name: Elijah Friend
13. Birthplace: Md

MOTHER
14. Maiden name: Eliza Friend
15. Birthplace: Md

16. Informant: Mrs L E Friend
Address: Friendsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 20, 1940 (month) (day) (year)
Cemetery or crematory: Savage Addition
Location: Friendsville Md
16. Funeral director: H H Dawson
Address: Friendsville

19. Oct 19 1940 (Date rec'd by registrar) Iva Rush, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1940, at 7.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to Oct 18 1940, and that I last saw him alive on Oct 18 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 or 3 days
Due to: Arteriosclerosis
Patient was confined to bed. In attempting to get out of bed, patient fell across a chair, fracturing his left arm.
Due to:
Other conditions: Fractured left arm, due to an accidental fall.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: H. F. Glover, M.D.
M. D. or other
Address: Friendsville, Md. Date signed: Oct. 19-1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

16661

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garett
City or town Jennings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garett
City or town Jennings Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Kenneth. James. Handwork

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 I939

8. AGE: Years	Months	Days	If less than one day
I	6	2I	hrs. min.

9. Birthplace Jennings Md
(Town, county, and atate)

10. Usual occupation

11. Industry or business

FATHER 12. Name Oscar Handwork
13. Birthplace Jennings Md

MOTHER 14. Maiden name Allie Mason
15. Birthplace Jennings Md

16. Informant Oscar Handwork
Address Jennings Md

17. Burial Date thereof Oct 20 I940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Handwork Cemetary
Location Rural Near Jennings Md

18. Funeral director Wm Winterberg
Address Grantsville Md

19. 10-20 19 40 Clyde F. Bender
(Date rec'd by registrar) Regiatrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940 at 5 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 1 1940 to Oct 18 1940 and that I last saw h alive on Oct 10 1940.

	DURATION
Immediate cause of death Lobar Pneumonia	2 days
Due to Mongolian idiocy	19 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D.
M. D. or other
Address Grantsville Md Date signed Oct 19

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

10662

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Mt. Lake Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Allie Travers Jacobs.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Married.

6.(b) Name of husband or wife: Hal Jacobs.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 15th, 1890.

8. AGE: Years	Months	Days	If less than one day
50	4	4	..... hrs. ..... min.

9. Birthplace: South Boston, Va.
(Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business

FATHER
12. Name: J. W. Travers,
13. Birthplace: South Boston, Va.

MOTHER
14. Maiden name: Hallie Miles.
15. Birthplace: Caswell Co,. Va.

16. Informant: Hal Jacobs.
Address: Clarksburg, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 21 1940 (month) (day) (year)

Cemetery or crematory: Episcopal cemetery

Location: Oakland, Md.

18. Funeral director: Emroy D. Bolden,
Address: Oakland, Md.

19. Oct 20/ 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20, 1940, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12, 1939 to October 19, 1940

and that I last saw her alive on October 19, 1940

Immediate cause of death	DURATION
	2 yrs.
Due to: Myocardial failure	
Due to: Bronchial Pneumonia	3 das.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. E. Mann. MD
M. D. or other

Address: Oakland, Maryland Date signed: 10-22-40

RECEIVED
NOV 6 1940
PALAU V. S.

10663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Near Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Out Side near Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
William Knox.

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 15th, 1894

8. AGE:

Years	Months	Days	If less than one day
45	11	25	... hrs. ... min.

9. Birthplace: Garrett County, Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: John Knox.
13. Birthplace: Garrett Co., Md.

MOTHER
14. Maiden name: Barbara Durst.
15. Birthplace: Garrett County, Md.

16. Informant: Emerson Knox.
Address: Oakland, Md. Route #1.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 12th, 1940
(month) (day) (year)

Cemetery or crematory: Glen Dale

Location: Near Oakland, Md.

18. Funeral director: Emroy D. Bolden
Address: Oakland, Md.

19. Oct. 11. 1940 Julia Rowan
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10th, 1940 19... at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27 1940, to July 13 1940 and that I last saw him alive on July 13 1940

Immediate cause of death: Carcinoma of stomach

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: "Mass in abdomen - inoperable"

Date of op. May, 1940

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Cliff P. Berger M.D.
M. D. or other

Address: Oakland, Md. Date signed 10-10-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

10664

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County Garett

City or town Rural Near Jennings Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett

City or town Rural Near Jennings Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Christain.C.Orendorf

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Annie Orendorf

6.(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec.6 1867

8. AGE:

Years	Months	Days	If less than one day
72	10	16	hrs. min.

9. Birthplace Somerset Co Pa
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christain Orendorf
13. Birthplace Germany

MOTHER
14. Maiden name Lena Beachy
15. Birthplace Md Garett Co

16. Informant Anna Orendorf
Address Grantsville

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct 25 1940
(month) (day) (year)

Cemetery or crematory Glades Cemetary

Location Rural Near Bittinger Md

18. Funeral director Wm Winterberg
Address Grantsville Md

19. Oct. 24 1940
(Date rec'd by registrar)
J. B. Embry
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Oct 22 1940 and that I last saw him alive on Oct 22 1940

Immediate cause of death Heart disease valvular — DURATION Several years

Due to Intistinal obstruction — 4 days

Due to Not due to cancer. Primary cause: not determined. C.W.G.R.

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Brown, M.D.
M. D. or other

Address Friendsville, Md. Date signed

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU U. S.

78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

10665

Reg. Dist. No. 162

1. PLACE OF DEATH:
County: Garett
City or town: Rural Near Grantsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: R Md County: Garett
City or town: Rural NEar Grantsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Shelby Jeanne Richter

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 2I I940

8. AGE: Years	Months	Days	If less than one day
	6	7	..... hrs. ..... min.

9. Birthplace: Rural Near Grantsville Garett Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Carol Henry Richter
13. Birthplace: Rural Near Accident Md

MOTHER
14. Maiden name: Elenor Younken
15. Birthplace: Grantsville Md

16. Informant: Carol Henry Richter
Address: Grantsville Md R,D.2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 30 I940 (month) (day) (year)
Cemetery or crematory: Grantsville Cemetary
Location: Grantsville Md

18. Funeral director: Wm. A Winterberg
Address: Grantsville Md

19. Oct. 29 1940 Clyde F. Beeler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 28 1940 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1940 to October 28 1940
and that I last saw h.. alive on Oct 28 1940

Immediate cause of death	DURATION
Pneumonia, Lobar, bilateral	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Alexander Soloshonce. M. D. or other
Address: Salisbury Pa Date signed: Oct. 28, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

10665

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Near Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All his life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Friendsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Dallie Riley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

B (b) Name of husband or wife Deceased

6(a) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1863

8. AGE: Years	Months	Days	If less than one day
77	4.	25	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown.

13. Birthplace ?

MOTHER 14. Maiden name Tracy Riley

15. Birthplace Md

16. Informant

Address Accident Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8, 1940 (month) (day) (year)

Cemetery or crematory Hoyes Md

Location Hoyes Md

18. Funeral director H. W. Swauger

Address Friendsville Md

19. Oct 7, 1940 (Date rec'd by registrar) Ira Rush Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940, to Oct 2 1940, and that I last saw him alive on Oct 2 1940.

Immediate cause of death	DURATION
Cancer of Stomach	Unknown
Due to —	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. F. Glover, M.D.

M. D. or other

Address Friendsville, Md Date signed Oct 6, 1940

Authorization to add sex and color of deceased
letter in permanent file under H.F. Glover M.D.

1/9/41
M.H.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-E)

CERTIFICATE OF DEATH

10667

Reg. Dist. No. 16

1. PLACE OF DEATH:
County: Garrett
City or town: Rural - Mountain Lake Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Year
Hospital, Institution, or street address where death occurred: ---
How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Garrett
City or town: Rural - Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3 miles So. West
(If rural, give LOCATION)
2.(a) If veteran, name war: ----

3.(a) FULL NAME: John Joseph Rowan

3.(b) Social Security Number: 220-10-1001

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Allice (Moon) Rowan "Deceased" 6.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): Dec. 26, 1871

8. AGE: Years	Months	Days	If less than one day
68	9	23	hrs. min.

9. Birthplace: Wilson, Garrett Co., Md. (Town, county, and state)
10. Usual occupation: Coal Miner
11. Industry or business: Coal Mines

FATHER
12. Name: John Rowan
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Kearney
15. Birthplace: Ireland

16. Informant: Leo Rowan
Address: Cassville, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21, 1940 (month) (day) (year)
Cemetery or crematory: Oakland; Catholic
Location: Oakland, Maryland.
18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland.

19. Oct, 20, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18, 1940 at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Feb. 1, 1940. 19...

Immediate cause of death: Hemorrhage due to malignancy — DURATION: 1 Mo.
Due to: ---
Due to: ---
Other conditions: Carcinoma of neck — 2 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations: ---
Date of op. ---
Autopsy results: ---
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of ---
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work?

23. SIGNATURE: Samuel Weisman M.D.
M. D. or other
Address: Parsons, W. Va. Date signed ---

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

10668

CERTIFICATE OF DEATH

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Deer Park - (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: (Rural) Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Harvey Scholey

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Hilda Lipscomb Scholey — 6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): June 18, 1857

8. AGE:

Years	Months	Days	If less than one day
83	3	15	____ hrs. ____ min.

9. Birthplace: Sand Flat, Garrett Co, Md.
(Town, county, and state)

10. Usual occupation: Farmer & Stone Mason

11. Industry or business:

FATHER — 12. Name: William Scholey

13. Birthplace: Dont Know

MOTHER — 14. Maiden name: Clara Schrock

15. Birthplace: Dont Know

16. Informant: Mrs. Wm. N. Scholey

Address: R. Route - Deer Park, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 6, 1940 (month) (day) (year)

Cemetery or crematory: Harvey Cemetery

Location: Bethlehem, Garrett Co, Md.

18. Funeral director: Otho F. Sharpless

Address: Blaine, W. Va.

19. 10/5 (Date rec'd by registrar) 19 40 Arch Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 5 19 40, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 30, to 10-3 19 40, and that I last saw h[illegible] alive on 9-1 19 40.

Immediate cause of death	DURATION
Acute Intestinal Hemorrhage	1 hr
Due to Perforated Duodenal Ulcer	1 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Edward E. Bollars M.D.
M. D. or other

Address: Deer Park Md Date signed: 10-4-40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

10669

CERTIFICATE OF DEATH

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Sand Flat
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Sand Flat Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Sharpless

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Sand Flat, Garrett Co, Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Stanley Erwin Sharpless
13. Birthplace Swanton, Md

MOTHER 14. Maiden name Hazel Virginia Moreland
15. Birthplace Chaffee, W. Va

16. Informant Mrs. Elva Harvey
Address Rural - Deer Park Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1940 (month) (day) (year)
Cemetery or crematory Sharpless Cemetery
Location Mt Zion Md

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va

19. 10 29 1940 (Date rec'd by registrar) A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead at birth, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Fetal death —	
Cause unknown	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) No
Means of injury None Injured at work?

23. SIGNATURE Reading Baumgartner M.D.
M. D. or other
Address Oakland Md Date signed Oct. 19-40

RECEIVED
NOV 4 1940
M. BEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

10670

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Ella Sisler Sines.

3.(b) Social Security Number 213-18-2692

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife Chas. C. Sines.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 9th 1888.

8. AGE: Years	Months	Days	If less than one day
52	7	30 29	hrs. ..... min.

9. Birthplace Garrett Co., Md.
(Town, county, and state)
10. Usual occupation House wife.
11. Industry or business

FATHER
12. Name Jake Sisler.
13. Birthplace Garrett Co., Md.

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Chas. C. Sines.
Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 10th (month) (day) 1940 (year)
Cemetery or crematory Sines Cemetery
Location Sines, Md.

18. Funeral director Emroy D. Bolden.
Address Oakland, Md.

19. Oct 10 1940 (Date rec'd by registrar) Judia Rowan Local Registrar

MEDICAL CERTIFICATION P. M.

20. DATE OF DEATH October 8th, 1940 at 1:10 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8-8- 1939, to 10-8 1940 and that I last saw h[illegible] alive on 10-7- 1940

Immediate cause of death	DURATION
1st + 2nd degree Burns of the body.	
Due to Carcinoma uteri with metastasis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicid Date of 8-7-40
Where did injury occur? Oakland (City or town) Garrett (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Injured at work?

23. SIGNATURE G. E. Mann. M.D. (M. D. or other)
Address Oakland. Date signed 10-10-40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

MARGIN RESERVED FOR BINDING (I)

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10671

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town (Rural Swanton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 Wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural (Swanton) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janet Susan Tasker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1940

8. AGE: Years	Months	Days	If less than one day
	1	1	hrs. min.

9. Birthplace Westernport, Alleg. Co., Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Clarence Allen Tasker
13. Birthplace Swanton, Md

MOTHER
14. Maiden name Effie Eleanor Duckworth
15. Birthplace Bloomington, Md

16. Informant Mr. Clarence A. Tasker
Address Route 3, Swanton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18 1940 (month) (day) (year)
Cemetery or crematory Lawson Tichnell Cemetery
Location Chestnut Grove, Garrett Co., Md

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va.

19. 10/17/40 (Date rec'd by registrar) A. W. Barwick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1940, at 7a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Oct 16 1940, and that I last saw her alive on 10-16 1940.

Immediate cause of death Pneumaturity — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. A. Reeves M. D. or other
Address Westernport Md Date signed 10/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 4 1940
BUREAU V. S.